

Cal/EPA Mail & Document Services Document Services Request

State of California
California Environmental Protection Agency

Mail Room 322-6755
Reprographics 322-6755

Note: In order to process your request, a valid PCA, billing code, and authorized signature is required.

Job Number:	Job Description/Document Title:			
Agency Name:	Division Name:	Request Date:	Due Date:	Time Due:
BDO Location (Floor/Room #):	Requester Name:		Phone:	
Deliver to:	Hold for Pickup <input type="checkbox"/>	IMMS Code:	Authorized Signature:	Date:

PCA Code

Copies	Color Copies
Paper Size: <input type="checkbox"/> 8½x 11 <input type="checkbox"/> 8½x 14 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> Other _____ # of Originals _____ Copies per Original _____ Total Impressions _____ <p style="text-align: center;">Multiple pages MUST be numbered in sequence</p> <input type="checkbox"/> 1 Sided <input type="checkbox"/> 2 Sided <input type="checkbox"/> Assemble <input type="checkbox"/> Collate	Paper Size: <input type="checkbox"/> 8½x 11 <input type="checkbox"/> 8½x 14 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> Other _____ <input type="checkbox"/> Black/White Enhanced # of Originals _____ Copies per Original _____ Total Impressions _____ <input type="checkbox"/> 1 Sided <input type="checkbox"/> 2 Sided <input type="checkbox"/> Assemble <input type="checkbox"/> Collate

Paper	Finishing/Binding Options
Text: <input type="checkbox"/> 20 # Bond <input type="checkbox"/> Other - Weight: _____ Color: _____ Inserts/Slip sheets # of Pages: _____ Weight: _____ Color: _____ Covers: <input type="checkbox"/> Front <input type="checkbox"/> Back Weight: _____ Color: _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Furnished by Customer	<input type="checkbox"/> Fold To size: _____ <input type="checkbox"/> Copy In <input type="checkbox"/> Copy Out <input type="checkbox"/> Hole Punch # of holes: _____ <input type="checkbox"/> Std. <input type="checkbox"/> Oversize <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Center <input type="checkbox"/> Cut To size: _____ <input type="checkbox"/> Pad Sheets per pad: _____ Sets per pad: _____ Stapling: <input type="checkbox"/> 1 Staple <input type="checkbox"/> 2 Staples <input type="checkbox"/> 3 Staples <input type="checkbox"/> Saddle Stitch (centered - for booklets) Binding: <input type="checkbox"/> Perfect Bind () <input type="checkbox"/> Tape Bind: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Other _____

Mass Mailings	
Title of Material:	Requested Mailing Date: _____
	Mailing List Number: _____

Addressing
No. 10 _____ No. 95 _____ P/S Labels _____ Cards _____ 4 - UP Labels _____ Special Instructions For Mailing:

Special Instructions (Please attach sample and/or sheet with additional instructions)

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>
